

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/550, 368

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3					
5	①					
6		1		1		
7	①			1		
8	1			1		
9	1			1		
10	1			1		
11	①			1		
12	②			1		
13	4			1		
14	③			1		
15	④			1		
16	⑤			1		
17	6			1		
18	⑥			1		
19	⑦			1		
20	1			1		
21	1			1		
22	⑧			1		
23	7			1		
24	⑨			1		
25	⑩			1		
26	1			1		
27	1		1			
28		1		1		
29	1		1			
30		1		1		
31	2			1		
32	2			1		
33	⑪			1		
34	1		1			
35	1		1			
36		1		1		
37	1		1			
38		1		1		
39		1		1		
40		1		1		
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	9					
TOTAL DEP.	39	←	←	←		
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			17			
TOTAL DEP.	36	←	36	←	←	←
TOTAL CLAIMS	53					